



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 068600002

CITY OR TOWN MELROSE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MELROSE VET. BLDG. ASSN. INC.

DOING BUSINESS AS

ADDRESS 14 CHIPMAN AVE.

CITY/TOWN: MELROSE

STATE: MA

ZIP CODE: 02176

MANAGER: BROWN, WALTER TYPE OF LICENSE: Club
J.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 FLOORS, 1ST FLOOR FUNCTION HALL & LOWER FLOOR CLUB ROOM.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 068600003

CITY OR TOWN MELROSE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LT. NORMAN PRINCE POST #1506 VFW OF U.S. INC.

DOING BUSINESS A

ADDRESS 428-43 MAIN ST.

CITY/TOWN: MELROSE

STATE: MA

ZIP CODE: 02176

MANAGER: PETERS, ROBERT TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

LOUNGE AND MAIN HALL CANTEN

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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By:

DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 068600004

CITY OR TOWN MELROSE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MELROSE BLDG. ASSOCIATION

DOING BUSINESS AS MELROSE LODGE OF ELKS #1031

ADDRESS 75 MYRTLE ST.

CITY/TOWN: MELROSE

STATE: MA

ZIP CODE: 02176

MANAGER: GALVIN, DAN

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 FLOORS, UPPER MAIN HALL & LOWER CLUB ROOM

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 068600005

CITY OR TOWN MELROSE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BELLEVUE GOLF CLUB

DOING BUSINESS AS

ADDRESS 320 PORTER ST.

CITY/TOWN: MELROSE

STATE: MA

ZIP CODE: 02176

MANAGER: DESROSIERS, JAM TYPE OF LICENSE: Club
ES J.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 FLOORS UPPER MAIN HALL FUNTION ROOM, LOWER CLUB ROOM.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 068600007

CITY OR TOWN MELROSE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MELROSE KNIGHTS OF COLUMBUS BLDG. ASSOC. INC.

DOING BUSINESS AS

ADDRESS 23 WEST FOSTER ST.

CITY/TOWN: MELROSE

STATE: MA

ZIP CODE: 02176

MANAGER: O'LEARY,
TIMOTHY

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 FLOORS, FIRST FLOOR HALL AND UPSTAIRS CANTEEN

I hereby certify and swear under penalties of perjury that:

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DATE:

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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 068600008

CITY OR TOWN MELROSE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: STICK, INC.

DOING BUSINESS AS STERNS + HILL'S BISTRO

ADDRESS 505 MAIN ST

CITY/TOWN: MELROSE

STATE: MA

ZIP CODE: 02176

MANAGER: PALMER,
MICHAEL

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX. 3,200 SQ. FT. 139 SEAT FULL SERVICE RESTAURANT OCCUPANCY ALL OF BUILDING 303--509 MAIN STREET FIRST FLOOR AND BASEMENT.

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 068600009

CITY OR TOWN MELROSE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TURNER'S SEAFOOD GRILL & MARKET, INC

DOING BUSINESS AS

ADDRESS 506 MAIN STREET

CITY/TOWN: MELROSE

STATE: MA

ZIP CODE: 02176

MANAGER: MAINO(TURNER), TYPE OF LICENSE: Restaurant
KATHI E.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

EXPANSION OF CURRENT FACILITY TO INCORPORATE AND REN- OVATE ADJACENT
STORE FRONT AT 512 MAIN ST. INCREASE SEATING CAP. BY 40. THE DISH ROOM WILL BE
MOVED, THE BACK KITCHEN ENLARGED, ONE BATHROOM ADDED AND AN
ADDITIONAL EMERGENCY EXIT.

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 068600011

CITY OR TOWN MELROSE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MEX-FAJITAS INC.

DOING BUSINESS AS PAULI'S

ADDRESS 449 MAIN ST

CITY/TOWN: MELROSE

STATE: MA

ZIP CODE: 02176

MANAGER: MORENO, FELIPE TYPE OF LICENSE: Restaurant
DEJESUS

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3100 SQ FT OF RETAIL SPACE WITH 3 FRONT ENTRANCES AND TWO EMERGENCY EXITS
IN REAR OF BLDG

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 068600013

CITY OR TOWN MELROSE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: AB FAB LLC

DOING BUSINESS AS ABSOLUTELY FABULOUS

ADDRESS 454 MAIN STREET

CITY/TOWN: MELROSE

STATE: MA

ZIP CODE: 02176

MANAGER: GIORDANO, LENA TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

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DESCRIPTION OF LICENSED PREMISES:

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DATE:

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EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

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DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 068600014

CITY OR TOWN MELROSE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MASS GOLF MANAGEMENT, LLC

DOING BUSINESS AS

ADDRESS 100 SLAYTON RD

CITY/TOWN: MELROSE

STATE: MA

ZIP CODE: 02176

MANAGER: FARRELL,
MICHAEL R

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

MT. HOOD GOLF COURSE CLUBHOUSE.

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

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EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 068600016

CITY OR TOWN MELROSE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BOBBY C'S RISTORANTE, INC.

DOING BUSINESS AS BOBBY C'S RISTORANTE

ADDRESS 20 MAIN STREET

CITY/TOWN: MELROSE

STATE: MA

ZIP CODE: 02176

MANAGER: CROWLEY, JULIE TYPE OF LICENSE: Restaurant
ANN

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

130 SEATS, FULL SERVICE RESTAURANT LOCATED WITHIN OAK GROVE VILLAGE
COMPLEX

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 068600017

CITY OR TOWN MELROSE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BABBETTE ONE INC.

DOING BUSINESS AS McDONOUGH'S FINE WINES

ADDRESS 4 MAIN STREET

CITY/TOWN: MELROSE

STATE: MA

ZIP CODE: 02176

MANAGER: MELLO, LEONARD TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3000 SQ. FT. OF RETAIL SPACE IN A NEW BLSG. KNOWN & NUMBERED AS UNIT 1, 4 MAIN STREET, OAK GROVE VILLAGE, MELROSE.

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3. the premises are now open for business (If not explain below)

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 068600018

CITY OR TOWN MELROSE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SWEET THOUGHTS LLC

DOING BUSINESS AS SWEET THOUGHTS

ADDRESS 504 MAIN STREET

CITY/TOWN: MELROSE

STATE: MA

ZIP CODE: 02176

MANAGER: PULASKI, JERRY P TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SOO SQ. FT. .GIFT RETAIL SHOP INCLUDING OFFICE STORAGE...ENTRANCE ON MAIN
STREET...EXIT IN REAR

I hereby certify and swear under penalties of perjury that:

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DATE:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 068600019

CITY OR TOWN MELROSE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: A LIFE STORY, INC

DOING BUSINESS AS BEACON HILL WINE & GOURMET

ADDRESS 532-546 MAIN ST

CITY/TOWN: MELROSE

STATE: MA

ZIP CODE: 02176

MANAGER: BERALDI,
REBECCA,

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

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DESCRIPTION OF LICENSED PREMISES:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 068600020

CITY OR TOWN MELROSE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SJ CHEN 2011 CORP.

DOING BUSINESS AS SPICE OF MELROSE

ADDRESS 530 MAIN STREET

CITY/TOWN: MELROSE

STATE: MA

ZIP CODE: 02176

MANAGER: CHEN, SARUNYA P. TYPE OF LICENSE: Restaurant

CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

50 SEAT REST, 1340 SQ FT. FIRST FLOOR LEVE W/LOWER BASEMENT STORAGE, 2 ENTRANCES/EXITS

I hereby certify and swear under penalties of perjury that:

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